

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

386

State File No. ....

Registered No. ....

394

## 1. PLACE OF BIRTH

County Maricopa State ARIZONA  
 Township Phoenix or Village St. Joseph Hospital  
 City Phoenix No. St. Joseph Hospital St. Phoenix Ward Phoenix  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Monne Carol Ellingson (If child is not yet named, make supplemental report, as directed)

3. Sex Female If plural births { 4. Twin, triplets, or other ..... 6. Premature ..... 7. Is mother married? yes 8. Date of birth Feb. 15, 1937  
 5. Number, in order of birth ..... Full term ✓ (Month, day, year)

9. Full name Jay Headar Ellingson FATHER 18. Full maiden name Jewel Jay Cautler MOTHER

10. Residence (usual place of abode) Tempe Ariz 19. Residence (usual place of abode) Same  
 (If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 44 (Years) 20. Color or race W 21. Age at last birthday 30 (Years)

13. Birthplace (city or place) Tempe Arizona 22. Birthplace (city or place) Admore Oklahoma  
 (State or Country) (State or Country)

14. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife  
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Self 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  
 16. Date (month and year) last engaged in this work ..... 17. Total time (years) spent in this work 20 yrs 25. Date (month and year) last engaged in this work ..... 26. Total time (years) spent in this work .....

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... 1 (b) Born alive but now dead ..... 0 (c) Stillborn ..... 0

28. If stillborn, period of gestation ..... { months or weeks } 29. Cause of stillbirth ..... { During labor Before labor }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10:50 A. m. on the date above stated  
 (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. } (Signed) J. D. Jordan M. D.

Given name added from a supplemental report ..... (Date of) ..... 28. Midwife

Address ..... Filed 2-3, 1937 Mer. 7. Ostrom Registrar.

Registrar.

Registrar.

4566-218-139